

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Accounting for Payroll System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Accounting for Payroll System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-09-01-1013-00-402-124
7 Privacy Act System of Records (SOR) Number:	09-90-0018
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Accounting For Pay System (AFPS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Vincent Watson
12 Provide an overview of the system:	Automated interface between the Department's central payroll and the HHS agencies for payroll cost distribution. Provides a systematic interface of payroll accounting information necessary to account for disbursements, expenditures, obligations and accur Existing
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	The information is shared with the agencies accounting, budget and administrative offices.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The agencies recieve payroll expenditures and use this data for financial reporting and tracking their budgets (payroll costs). The data transmitted meets the standard that was established by the Department for capturing payroll costs.
18 Describe the consent process:	Information recieved is from HHS payroll systems (Civilian and Commisioned Corps) and is processed to properly account for payroll costs. Agencies are aware of incoming files via a scheduled processing calendar.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Technical and Physical controls are in place to ensure the security of the information. These include an up to date System Security Plan, Contingency Plan, regular offsite backup of the data, and yearly security awareness training for all personnel. Also,
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM ACF General Support System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM ACF General Support System
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	ACF GSS
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The ACF GSS is a local area network supporting the operations of the HHS/ACF.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM AHRQ Local Area Network

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM AHRQ Local Area Network
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	AHRQ General Support System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	AHRQ GSS is a LAN supporting the operations of the HHS/AHRQ.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM AoA General Support System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM AoA General Support System
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	AoA General Support System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The AoA GSS is a lan supporting operations of the HHS/AoA.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	The system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	The system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	The system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Asset Management System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Asset Management System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1030-00-405-144
7 Privacy Act System of Records (SOR) Number:	No
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Asset Management System (AMS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Debbie Orfe/Jack Sweeney
12 Provide an overview of the system:	Provides access to property data by Asset Center Representatives from DHHS agencies. AMS is the repository for asset records for a number of organizations within the DHHS. AMS generates the debits and credits related to the capitalized value, period dep Existing
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	AMS does not collect PII information
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	No IIF is contained in this system
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Jun 13, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.



HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM AutoCAD

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM AutoCAD
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	Nov 15, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	No
7 Privacy Act System of Records (SOR) Number:	No
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	AutoCAD
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Sheila Grossman
12 Provide an overview of the system:	Used to provide architectural and renovation drawings for Parklawn building. Pricing for renovations is done using this tool. Monthly rent calculations are done using this application.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	No
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	No
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Dec 1, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM CORE Accounting System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM CORE Accounting System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 3, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-01-01-1010-00-402-124
7 Privacy Act System of Records (SOR) Number:	09-90-0024
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Core Accounting System (CORE)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Matt Zaklielarz
12 Provide an overview of the system:	Legacy accounting and financial management system used by the Program Support Center and its customer agencies. The CORE is the PSC legacy accounting and financial management system. The reporting for CORE also includes the Accounts Receivable Module (f Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Information is shared with the Department of the Treasury as part of the disbursement process. Treasury - Disbursements
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Information is not normally collected from the public. The information is primarily collected from procurement documents (e.g., purchase orders and contracts) and the data is used to process paper and electronic disbursements through the Department of Tr
18 Describe the consent process:	Information is obtained from the procurement documents (purchase order, contract, etc.) which are processed by the relevant procurement office. The information collected is legally required to process the payments as1sociated with the purchase order/cont
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Technical and physical controls are in place to ensure the security of the information. These include an up to date System Security Plan, Contingency Plan, regular offsite backup of the data, and yearly security awareness training for all personnel. Als
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Debt Management Collection System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Debt Management Collection System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 5, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-01-01-1011-00-402-127
7 Privacy Act System of Records (SOR) Number:	09-40-0012
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Debt Management and Collection System (DMCS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Don Pooten
12 Provide an overview of the system:	Automated system for the performance of receivables management and Core Accounting System feeder system. Legislation: Debt Collection Act of 1982 and the Debt Collection Improvement Act of 1996.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Information is shared with credit reporting agencies, collection agencies, the Department of the Treasury and the Department of Justice as part of the debt collection process. Credit reporting agencies - Credit reporting Collection agencies - debt colle
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Information is not normally collected from the public. The information is primarily collected from the referring agency program offices as a result of defaulted loans, scholarships, etc. The information is used to record and collect the receivables owe
18 Describe the consent process:	Information is obtained from the agency program offices as a result of defaulted scholarships, loans, etc. and other sources throughout the due diligence process (e.g., collection agency, credit reporting agency, Department of Justice, etc.) No notice is
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Technical and physical controls are in place to ensure the security of the information. These include an up to date System Security Plan, Contingency Plan, regular offsite backup of the data, and yearly security awareness training for all personnel. Als
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Defense Contract Management Agency

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Defense Contract Management Agency
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	Oct 31, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-09-02-1031-00
7 Privacy Act System of Records (SOR) Number:	09-15-0004
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	DCMA
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kathy Moring, Capt. USPHS; Kim Frasher, DCMA Project Manager
12 Provide an overview of the system:	HHS values and benefits from a workforce that is physically well, they support the efforts of DCMA in achieving this goal. DCMA assists employees and employers to resolve medical problems that may adversely impact their work performance, conduct, health Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Medical officers use for review of medical data. DCMA assists employees and employers to resolve medical problems.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Patient demographic data to include name, DOB, SSN or unique ID, height, weight and other basic medical information. The demographic information is used to track the individual in the database. The medical information is used for Health Surveillance. T
18 Describe the consent process:	All employees are required to read the FOH privacy statement when they have their exam in the OHC and are asked to sign an authorization for disclosure which describes what information will be disclosed outside of FOH. All employees are asked to sign a r
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Management, operational, and technical controls commensurate with the level of sensitivity for the system, including: - Electronic data is encrypted during transmission.- Electronic data is password protected- Access to electronic data is role-based- Acce
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Jan 18, 2007

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Defense Financial & Accounting System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Defense Financial & Accounting System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Sep 16, 2004
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	new system -- appropriate documentation still in process
7 Privacy Act System of Records (SOR) Number:	N/A -- this is just a pass-through interface
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	DFAS
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	HHS/OS/ASAM/OHR
12 Provide an overview of the system:	Interface to the DoD payroll system and the HHS time and attendance system, etc.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	HHS OPDIVs responsible for the interconnecting system, and the U.S. Department of Defense who are owners of DFAS main system; this is just a pass-through interface. HHS OPDIV owners of the interconnected systems, DoD as owner of the DFAS system
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This is just a pass-through interface for transmitting HHS payroll information from the HHS time and attendance system (EHRP) to the DoD payroll payment system, using the HHS/NIH mainframe.
18 Describe the consent process:	This is just a pass-through interface
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A -- This is just a pass-through interface
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Departmental Contract Information System
--

1	
---	--

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2	Summary of PIA Required Questions
---	-----------------------------------

Question	Response
1 System:	OS ASAM Departmental Contract Information System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 21, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-01-02-0002-00-405-143
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Departmental Contracts Information System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Fred Evans
12 Provide an overview of the system:	The DCIS mission is to provide the data collection and reporting capabilities needed to enable HHS to comply with the reporting requirements mandated by Public Law 93-400 for the reporting of procurement actions.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	DCIS provides a single system capability within HHS that collects, edits and stores information on individual procurement and contracting actions executed by the Operating Divisions (OPDIVs) and other HHS offices. No IIF information is collected.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM DPM Local Area Network

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2 Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM DPM Local Area Network
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	Oct 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-01-01-1010-00-402-124
7 Privacy Act System of Records (SOR) Number:	No
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	DPM LAN
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Matt Zaklielarz
12 Provide an overview of the system:	The DPM LAN provides local connectivity for the DPM office.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	No
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	N/A -- a GSS
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Dec 1, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Electronic Human Resources and Payroll

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Electronic Human Resources and Payroll
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 5, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-01-1100-00-403-250
7 Privacy Act System of Records (SOR) Number:	09-90-0018
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Electronic Human Resources and Payroll (EHRP)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Carol Arbogast
12 Provide an overview of the system:	A system for collecting, tracking, routing and maintaining information relating to personnel actions and determinations made about an employee whil employed at HHS.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Human Resource personnel, supervisors, and employees. OPM Reporting, and Internal Agencies Reporting
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Personnel and payroll information required by personnel management specialists and managers in order to process and properly execute agency personnel actions.
18 Describe the consent process:	Information is collected from individuals. Consent is granted as part of the employee induction process.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	The following administrative, technical, and physical controls are in place for EHRP:Administrative ControlsSystem security plan Contingency (or backup) plan File backup Backup files stored offsite User manualsSecurity Awareness TrainingContractor Agreeeme
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Electronic Official Personnel Folder

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Electronic Official Personnel Folder
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 24, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-09-02-1120-00-403-205
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	electronic Official Personnel Folder
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Ann Speyer
12 Provide an overview of the system:	Converts all HHS' paper-based Federal civilian employee Official Personnel Folders (OPF) to electronic format.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	HHS employees only, and they only have access to their own personnel folder
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Temporary and permanent HHS employee official personnel records. Contains IIF information not subject to the Privacy Act.
18 Describe the consent process:	Collected from the HHS Electronic Human Resources and Payroll (EHRP) System
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	On the HHS Intranet, locked down behind firewalls, with access permitted only to individual whose name matches the folder. Individuals are required to use passwords and be on the HHS network.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Electronic-Induction

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Electronic-Induction
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 24, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-09-02-1150-00-403-251
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	PMT: PSC11
10 System Name:	E-Induction
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Jack Stoute
12 Provide an overview of the system:	On-line systems for new hires
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Information that new hires need to know. Contains no IIF information.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A -- This is a duplication of E-INDUCTION
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Elite Series System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2 Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Elite Series System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Mar 27, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1050-00-405-144
7 Privacy Act System of Records (SOR) Number:	09-90-0024
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	EliteSeries System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Irene Grubb
12 Provide an overview of the system:	Provides cradle-to-grave management of the Supply Services Center's inventory and customers orders. It is made up of several modules wich are function-specific: Accounts Recievable, Accounts Payable, Inventory Management, Order Management, Purchasing, Pro Existing
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	EliteSeries System does not collect PII information.
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	No IIF is contained in the system
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Enterprise E-Mail System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Enterprise E-Mail System
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0009-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Enterprise E-Mail System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	EES is also known as the "HHSMail" system
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM FOH Local Area Network/Wide Area Network

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM FOH Local Area Network/Wide Area Network
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	Oct 2, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1040-00-404-142
7 Privacy Act System of Records (SOR) Number:	No
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	FOH LAN/WAN
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Eric Shih, CDR USPHS
12 Provide an overview of the system:	The FOH LAN/WAN provides local connectivity for the FOH BTS office and wide area connectivity for the various FOH office locations Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	No
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	N/A -- a GSS
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Dec 1, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Government Transformation Center computer room

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Government Transformation Center computer room
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Government Transformation Center (GTC) computer room
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The Government Transformation Center is a data center facility located in Unisys' Reston, VA complex which houses HHS Enterprise systems, HHS/OS OITO / ITSC GSSs and the HHS/OS OITO ITSC Network Operations Center.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This facility does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This facility does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This facility does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Feb 22, 2007

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM HHH computer room

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM HHH computer room
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	HHH computer room
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The HHH computer room is a data center facility located in HHS's Hubert H. Humphrey building.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This facility does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This facility does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This facility does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This facility does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.



HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM HHSNet

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2 Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM HHSNet
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0006-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	HHSNet
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	HHSNet is the enterprise backbone network that supports the interconnection and Internet access requirement's of the various networks supporting the individual Departmental StaffDivs/OpDivs. Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Integrated Time and Attendance System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Integrated Time and Attendance System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Feb 21, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1016-00-403-253
7 Privacy Act System of Records (SOR) Number:	09-90-0018
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Integrated Time and Attendance System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Carol Arbogast
12 Provide an overview of the system:	ITAS is a timekeeping by exception application that supports most aspects of tracking and reporting work hours and leave for federal employees. ITAS provides users with access to real-time leave balances and ensures that users accurately record work acti Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Employee Express-Etc. Application Messaging to Centers For Disease Control and Prevention
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The information entered into this data system becomes a part of the NIH Payroll System and documents daily time and attendance for employees. The primary use of the information is to prepare the NIH payroll and compute leave balances. The information may Consent is obtained as part of the condition of employment.
18 Describe the consent process:	
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	ITAS is a client/server-based application using components running on several different computing platforms. Each ITAS user is assigned a User ID and password. User IDs and passwords are managed by the ITAS Coordinators or Timekeepers through a user prof
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM ITSC Security Program

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM ITSC Security Program
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 30, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	ITSC Security Program
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	Weaknesses identified for the infrastructure program
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	N/A
18 Describe the consent process:	N/A
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Managing & Accounting Credit Card System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Managing & Accounting Credit Card System
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	May 18, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-01-02-1200-00-402-124
7 Privacy Act System of Records (SOR) Number:	09-90-0024
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	Managing & Accounting Credit Card System (MACCS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Matt Zakielarz
12 Provide an overview of the system:	MACCS is a system designed to provide access to and account for credit card purchases. Using transaction data from the credit card processing ceter at the US Bank, MACCS is a downstream process that provides a means for ensuring that each transaction is a Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Internal HHS Financial Management Staff
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The MACCS system will process valid transaction reviewed by an authorized official, proper budgetary funds and transmitted for posting to the general ledger. System contains IIF information pertaining to credit card numbers and SSN's. Use of the system by the individual addresses consent.
18 Describe the consent process:	
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	The following administrative, technical, and physical controls are in place for MACCS: Administrative Controls C&A Completed System security plan Contingency (or backup) plan File backup Backup files stored offsite User manuals Security Awar Darlene Christian
24 Sr Official of Privacy Signature:	
25 Sr Official of Privacy Signoff Date:	May 18, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM MDI - Badging System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2 Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM MDI - Badging System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-46-02-1060-00-401-121
7 Privacy Act System of Records (SOR) Number:	09-40-0013
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	MDI Badging System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Don Deering
12 Provide an overview of the system:	<p>The MDI badging System provides card access and intrusion detection and technical alarm points for the HHS-PSC and approximately 9 remote locations.</p> <p>MDI PIA is being substantially revised. The amended Privacy Act SOR has been published in the Federal R Existing</p>
13 Indicate if the system is new or an existing one being modified:	Yes
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Does not share or disclose.
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Name, SSN, Photo - For use in granting appropriate building access to provide adequate building access Security.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Information is submitted by the individual on paper forms; they are told the information is required before granting building passes; individuals personally submit form and receive badge.
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	Yes
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Administrative Controls:
23 Describe the IIF security controls:	<ul style="list-style-type: none">- C&A completed 7/13/6- Approved System Security Plan- Contingency Plan- Backups- Offsite storage- User Manuals- Contractor agreements- Least privilege- IIF policy <p>Technical Controls:</p> <ul style="list-style-type: none">- UserID and Passwords-
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Aug 31, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Medical Evaluation/Requirements Information Tracking System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Medical Evaluation/Requirements Information Tracking System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1040-00-404-142
7 Privacy Act System of Records (SOR) Number:	09-15-0004
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Medical Evaluation/Requirements Information System (MERITS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kathy Moring Capt. PHS
12 Provide an overview of the system:	Collect, analyze and manage medical data and produce medical reports on the performance capability of Federal Law Enforcement applicants MERITS is used to Collect, analyze and manage medical data and produce medical reports on the performance capability Existing
13 Indicate if the system is new or an existing one being modified:	Yes
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Internal: Billing. PII is not shared (except as required by law) with anyone outside of HHS or the customer agency.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	MERITS was developed to collect, analyze and manage medical data and produce medical reports on the performance capability of Federal applicants. PII collected is the minimum required for positive identification of the customer agency employees. Due to t
18 Describe the consent process:	Records in this system are obtained from-- a. The individual to whom the records pertain. b. Agency employee health unit staff. c. Federal and private sector medical practitioners and treatment facilities. d. Supervisors/managers and othe
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Information in the system is protected by management, operational, and technical security controls commensurate with the level of sensitivity of the system, including: - All medical records are stored in a separate "locked" file room. - Medical database
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Occupational Health Information Management System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2 Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Occupational Health Information Management System
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	Oct 31, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-09-02-1031-00
7 Privacy Act System of Records (SOR) Number:	09-15-0004
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	OHIMS
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kathy Moring, Capt.; Eric Shih, CDR
12 Provide an overview of the system:	Ohims assists Reviewing Medical Officers (RMOs) in providing surveillance of employees for federal employers to track medical and exposure histories that may adversely impact their work performance, conduct, and health. In order to achieve these objectives Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Reviewing medical officers and designated customer representatives who aggregate data. As necessary via law enforcement.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Access to data is restricted to personnel of the DEC and FOH medical review officers assigned to the select agreement. Direct acc Reviewing medical officers and designated customer representatives who aggregate data.
18 Describe the consent process:	Ohims supports operations functionality for Ohims clients in approximately 5 RMO/ doctor locations throughout the United States.
19 Does the system host a website?	Ohims was completed and placed
20 Does the website have any information or pages directed at children under the age of thirteen?	Consent forms must be signed. All employees are required to read DFOH's privacy statement when they have their exam in the OHC and are asked to sign an authorization for disclosure which describes what information will be disclosed outside FOH. Form FOH
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	No
23 Describe the IIF security controls:	Yes
24 Sr Official of Privacy Signature:	Firewalls, active directory, locked room, confidentiality agreements, level 6 clearance of team members.
25 Sr Official of Privacy Signoff Date:	Users can access Ohims utilizing a Citrix Client connection to the Ohims Terminal Server site through the Intranet. The Ohims ORACLE server mainta Darlene Christian Jan 18, 2007

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM OS Local Area Network Backbone-an ITSC Legacy LAN

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM OS Local Area Network Backbone-an ITSC Legacy LAN
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	OS LAN Backbone
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The OS LAN Backbone is the network supporting operations of the HHS/OS.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Feb 22, 2007

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Parklawn computer room

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Parklawn computer room
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Parklawn computer room
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The Parklawn computer room is a data center facility located in HHS's Parklawn building.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Parklawn General Support System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Parklawn General Support System
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	PSC Parklawn GSS
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The PSC Parklawn GSS is a series of networks that support the operations of the Parklawn building-based portion of PSC (including DCP). Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	This system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	This system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	This system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	This system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Payment Management System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Payment Management System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 5, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-09-01-1021-00-402-126
7 Privacy Act System of Records (SOR) Number:	09-90-0024
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	Payment Management System (PMS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Bob Bessio
12 Provide an overview of the system:	Grant payment, cash management system.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	The PMS provides data to the agencies that utilize its grant payment services, the Federal Reserve Bank system, and the Treasury. Agency databases, payment activity, disbursement activity, SF224 data, sync data, vendor data, and CAN data
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The PMS maintains automated interfaces to the agency financial systems that utilize its services. The HHS standard financial record is exchanged to identify new grants and modification to existing grants. The PMS provides output to the agencies with reg
18 Describe the consent process:	The data input to the PMS is derived from the agencies, the recipients, and the staff at DPM. The data input to the system from the staff is entered online from workstations located at the DPM site. This information results in the establishment of accou
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	All data collected to support the processes of the PMS is stored in tables. The information is secured through multiple levels of security and access controls have been established to authenticate the user and to determine if the user has the authorizati
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Perry Point Local Area Network

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Perry Point Local Area Network
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	Oct 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1040-00-405-143
7 Privacy Act System of Records (SOR) Number:	No
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	P Point LAN
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Irene Grubb
12 Provide an overview of the system:	The Perry Point LAN provides local connectivity for the AOS office.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	No
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	No
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Dec 1, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Personal Property Facility Local Area Network

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Personal Property Facility Local Area Network
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	Oct 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1016-00-405-143
7 Privacy Act System of Records (SOR) Number:	No
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	PPF Local Area Network
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Debbie Orfe
12 Provide an overview of the system:	The AOS PPF LAN provides local connectivity for the Personal Property Facility offices and warehouse.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	No
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	No
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Dec 1, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM PropShop (web ordering system)

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM PropShop (web ordering system)
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1016-00-405-143
7 Privacy Act System of Records (SOR) Number:	09-90-0024
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	PropShop Web Ordering System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Debbie Orfe/Jack Sweeney
12 Provide an overview of the system:	To enable items and services to be ordered online by DHHS/Federal agencies. PropShop is critical for providing customer's access 24/7 to requesting products or services from the PPMB. Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	The information is shared with the PSC Business Office which uses PRICES for billing customers. Additionally, customers receive a courtesy copy.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The information collected is name, mailing address, phone numbers, financial account information, and e-mail address for the purpose of mailing, shipping or delivering an order. In addition, the financial information is required to bill the customer for
18 Describe the consent process:	Customers fill in an order page on the website, some PII data is required to complete the order. All PPMB customers must follow the same steps to complete an order. The HHS privacy policy is available electronically by the posting of a link at the bott
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Users connect through VPN Firewall Brick; which prevents unauthenticated traffic from entering a protected firewall perimeter. It also provides cryptographic protection against attacks by requiring strong end user authentication. Users are authenticated
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Purchase Request Information Management System

1	
The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.	
2	Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Purchase Request Information Management System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1040-00-405-143
7 Privacy Act System of Records (SOR) Number:	09-90-0024
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	Purchase Request Information SysteM (PRISM)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Maggie Pippin
12 Provide an overview of the system:	PRISM is a comprehensive acquisition tracking system that automates each step of the procurement process.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	PRISM does not collect information.
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Although there is no IIF data, users do authenticate to the database using a unique User ID and password, using roles assigned.
	Administrative:
	- Certification and Accreditation
	- System Security Plan
	- Contingency Plan
	- Backups and offsite storag
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 18, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM QuickHire

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM QuickHire
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	Initial PIA Migration to ProSight
4 Date of this Submission:	Aug 20, 2009
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-09-02-1130-00-403-251
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	PMT: PSC29
10 System Name:	QuickHire/QuickClass
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Robert Chatfield
12 Provide an overview of the system:	The QuickHire software automates the process of filing jobs. QuickClass - links job description data to announcement and EHRP. Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	uses available job descriptions to populate job announcements. Contains no IIF information.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	uses available job descriptions to populate job announcements. Contains no IIF information.
18 Describe the consent process:	N/A
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Revenue, Invoicing, and Cost Estimation System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Revenue, Invoicing, and Cost Estimation System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-09-02-1014-00-402-124
7 Privacy Act System of Records (SOR) Number:	09-90-0024
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	PSC Revenue, Invoicing, and Cost Estimation System (PRICES)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Mary Woolston (301) 443-1471
12 Provide an overview of the system:	A financial system for the management of a fee for service business. It contains four (4) modules: costing & pricing, forecasting, billing and a web-based customer viewer. PRICES is a system used by the PSC to manage the agency's business operations an Existing
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Cost and estimated demand information used in the development of rates is presented to the HHS Service and Supply Fund Board during our annual rate approval process. Service provision and billing information is provide to customer program management and The PRICES costing/pricing module allows cost center managers to input projected cost data, demand forecasts, etc. to enable calculation of fee-for-service rates. As our rates are developed using strict full-cost recovery models, this information is key
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The costing and pricing exercise is performed annually and reviewed a mid-year. The PSC Business Office issues an e-mail datacall to Service Directors and cost center managers including guidance for entry of costs and demand into PRICES. Managers obtain
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Administrative controls: - C&A completed 7/5/6 - approved System Security Plan - Contingency Plan - System backups - Offsite storage - User manuals - Contractor agreements - Least Privilege access - IIF policy Technical Controls: - UserID and Darlene Christian May 16, 2006
24 Sr Official of Privacy Signature:	
25 Sr Official of Privacy Signoff Date:	

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM SAMHSA Local Area Network

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM SAMHSA Local Area Network
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	SAMHSA General Support System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The SAMHSA GSS is a local area network supporting operations of the HHS/SAMHSA operating division.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	The system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	The system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	The system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Service Tracking Module

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Service Tracking Module
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1015-00-119-066
7 Privacy Act System of Records (SOR) Number:	09-15-0004
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Service Tracking Module (STM)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kathy Moring
12 Provide an overview of the system:	STM provides a complete set of tools to define the interagency agreements between FOH and its customer agencies, collect evidence of the fulfillment of those agreements, and provide external financial systems the information they need to bill for services Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Does not share
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Medical notes and employee information in addition to personal identifying information
18 Describe the consent process:	Records in this system are obtained from-- a. The individual to whom the records pertain. b. Agency employee health unit staff. c. Federal and private sector medical practitioners and treatment facilities. d. Supervisors/managers and othe
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Information in the system is protected by management, operational, and technical controls comensurate with the level of sensitivity of that information, including: - Data is stored in a password protected data system - Data system is protected by network
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM SSC Local Area Network

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM SSC Local Area Network
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 16, 2007
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0001-00-404-139
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	PSC SSC LAN
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alan Smith
12 Provide an overview of the system:	The PSC SSC LAN is a local area network supporting the operations of the Silver Spring Center based portion of the HHS/PSC (HRS). Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	The system does not collect, maintain or disseminate IIF.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The system does not collect, maintain or disseminate IIF.
18 Describe the consent process:	The system does not collect, maintain or disseminate IIF.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	The system does not collect, maintain or disseminate IIF.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Web Employee Assistance Program Information System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Web Employee Assistance Program Information System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1021-00-110-248
7 Privacy Act System of Records (SOR) Number:	09-90-0010
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	DOCID:fr07mr97-105
10 System Name:	Web Employee Assistance Program Information System(Web EAP)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kathy Mooring
12 Provide an overview of the system:	Formerly called EAPIS Manage EAP clinician activity. This system contains a written or electronic record on each EAP client. These records typically contain demographic data such as client name, date of birth, grade, job title, home address, telephone Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	IIF is not shared (except as required by law) with anyone outside of HHS.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The information contained in each record is a documentation of the nature and extent of the client's problem(s). When the intervention plan includes referral(s) to the treatment or other facilities outside the EAP, the record also documents this referral
18 Describe the consent process:	Information in this system of records is: (1) Supplied directly by the individual using the program, or (2) supplied by a member of the employee's family, or (3) derived from information supplied by the employee, or (4) supplied by sources to/from whom th
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Information in the system is protected by management, operational, and technical security controls commensurate with the level of sensitivity of the system.
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASAM Web Warehouse Inventory Management System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2 Summary of PIA Required Questions

Question	Response
1 System:	OS ASAM Web Warehouse Inventory Management System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1018-00-405-144
7 Privacy Act System of Records (SOR) Number:	No
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	Web Warehouse Inventory Management System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Debbie Orfe/Jack Sweeney
12 Provide an overview of the system:	Provides inventory management, space control, order entry, receiving, and storage functionality for the PPMB. WebWIMS provides material handling, inventory control, and employee assignment using radio frequency (narrow band wireless) and barcode technology
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Internal Branch Employees. PSC/Business Office - PRICES for billing customers, Customer courtesy copy Information will be collected for order entry purposes.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	
18 Describe the consent process:	Paper/verbal data will be collected and entered by Branch employees. Electronic notifications will be used to convey the information to the employees. The employees will need to make a decision on cancelling the online order.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Full suite of controls in accordance with SP 800-53. See the Security plan for details. Administrative:- Certification and Accreditation- System Security Plan- Contingency Plan- Backups and off-site storage- User Manuals- Training- Contractor privacy clause
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Jul 17, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASPA HHS Answers System (RightNow Service)

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question

Response

- 1 System:

OS ASPA HHS Answers System (RightNow Service)
- 2 Is this a new PIA?

No
- 3 If this is an existing PIA, please provide a reason for revision:

PIA Validation
- 4 Date of this Submission:

Apr 27, 2006
- 5 OPDIV Name:

OS
- 6 Unique Project Identifier (UPI) Number:

009-00-02-00-01-0003-00-305-108
- 7 Privacy Act System of Records (SOR) Number:

N/A
- 8 OMB Information Collection Approval Number:

N/A
- 9 Other Identifying Number(s):

PMT: HHS20
- 10 System Name:

HHS Answers System (RightNow Service)
- 11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:

Alice M. Bettencourt
- 12 Provide an overview of the system:

Provides dynamically displayed Frequently Asked Questions and Answers on the HHS.gov web site; accepts Suggested Questions and Answers feedback from web site users.
- 13 Indicate if the system is new or an existing one being modified:

Existing
- 14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?

Yes
- 15 Is the system subject to the Privacy Act?

No
- 16 If the system shares or discloses IIF please specify with whom and for what purpose(s):

Provide email address to OPDIV team member with available expertise to respond to question. OPDIV Web Team member who has available expertise to respond to a specific question.
- 17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:

Collects questions and proposed answers to HHS-related issues. Only IIF information collected is email address used to respond to questions. Requestor voluntarily provides this information. It is only kept long enough to respond to questioner, and then Email address collected on the same web site form that an individual uses to ask a question. They can choose to include their email address or not. If they don't, they will not receive a direct response to their question.
- 18 Describe the consent process:
- 19 Does the system host a website?

Yes
- 20 Does the website have any information or pages directed at children under the age of thirteen?

No
- 21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?

Yes
- 22 Are there technical controls present?

Yes
- 23 Describe the IIF security controls:

Only Web Team Members and specific OPDIV expert have access to email address. Access controlled by user ID and password, and assignment.
- 24 Sr Official of Privacy Signature:

C. Byrne Huntley
- 25 Sr Official of Privacy Signoff Date:

Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASPA HHS Enterprise Portal

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASPA HHS Enterprise Portal
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	Initial PIA Migration to ProSight
4 Date of this Submission:	Jul 20, 2005
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0003-00-305-108
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	HHS Web Portal
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alice Bettencourt
12 Provide an overview of the system:	To provide integrated collaboration and application access across the HHS enterprise. To provide employees with instant access to timely information on the vital health and human service programs that reside within HHS. To reach employees directly and q New
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	work-related information for collaboration purposes no IIF information will be collected
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT Automated Financial Statement System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT Automated Financial Statement System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 25, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-01-02-001-00-402-129
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	AFS -- Automated Financial Statement System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kevin Kuesters
12 Provide an overview of the system:	Collects OPDIVs' financial statement data to generate the HHS-wide year-end and quarterly statements
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	OPDIV financial data is collected to produce a consolidated financial statement for HHS -- for year-end and quarterly submissions to OMB. The data used is not confidential, not sensitive, and not private. No IIF information is collected.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT Financial Information Reporting System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT Financial Information Reporting System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 25, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	Recently discovered system. Currently catching up with requirements.
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	FIRS -- Financial Information Reporting System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Edward A. Martin
12 Provide an overview of the system:	Used in the development of outlay estimating, tracking spending, and tracking apportionments. It provides a repository for detailed historical obligations and outlay data for all uncanceled appropriation fiscal years. It also provides rates for account Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	FIRS is used in developing outlay estimates for the President's Budget and required to support the HHS estimates. It also provides the official summary of Treasury outlay reports, apportionment logging and tracking to permit the HHS OPDIVs to find out th
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT Grants.gov

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT Grants.gov
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 26, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-01-99-01-1316-24-110-249
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	PMT: HHS3
10 System Name:	Grants.gov -- Find and Apply
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Rebecca Spitzgo
12 Provide an overview of the system:	Grants.gov is one of the PMA E-Gov initiatives and is deploying 2 Government-wide grants mechanisms: Find and Apply. The Find mechanism allows Federal agencies to post funding opportunities on Grants.gov and allows potential applicants to search these opp Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Allows Federal agencies to post funding opportunities, and allows potential applicants to search these opportunities. Does not contain IIF information.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT HHS EA Repository (Metis)

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT HHS EA Repository (Metis)
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 3, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-03-00-01-0001-00-304-103
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Metis Team Server
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	John Teeter
12 Provide an overview of the system:	Used to track and analyze the layers of the HHS Enterprise Architecture (EA) and the relationships between those layers.
13 Indicate if the system is new or an existing one being modified:	New
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Infrastructure and process information for Capital Panning and Investment purposes. No IIF information is collected.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT HHS IT Portfolio Management Tool (ProSight)

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT HHS IT Portfolio Management Tool (ProSight)
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 27, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-03-00-01-0003-00-304-102
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	PMT (Prosight)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Philip W. Clark
12 Provide an overview of the system:	To support the Department's Capital Planning and Investment Control (CPIC) process and the information technology (IT) budget formulation process, including the support of data collection and generation for OMB Exhibit 53 and 300 reporting.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Summary and detailed information on individual IT investments and across OPDIV IT investments.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT Information Collection Review & Analysis System

1	
The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.	
2	Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT Information Collection Review & Analysis System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 27, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-44-02-1010-00-404-142
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	ICRAS
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Robert Polson
12 Provide an overview of the system:	To assist HHS to electronically administer and manage its information collection clearance responsibilities under the Paperwork Reduction Act (PRA). Information Collection Review & Approval System (ICRAS) is a web-based databasde application that helps F Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	OMB
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	ICRAS provides users with the functionality to create and upload OMB PRA forms 83-I, 83-C, 83-E, 83-D, Supporting Statemens, draft and final Federal Register postings, laws, statutes, regulations, memos and cover letters, and OMB's Notices of Action in re
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.



HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT Information Security Data Manager

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT Information Security Data Manager
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 30, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0010-00-404-140
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	ISDM
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Fred Cole
12 Provide an overview of the system:	Was replaced by ProSight-FISMA
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	FISMA data
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT Tracking Accountability in Government Grants System

1	
The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.	
2	Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT Tracking Accountability in Government Grants System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-01-02-0003-00-301-093
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	PMT: OS11
10 System Name:	Tracking Accountability of Government Grants System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	HHS/OS/ASAM
12 Provide an overview of the system:	The TAGGS database is a central repository for grants awarded by the twelve HHS Operating Divisions (OPDIVs). TAGGS tracks obligated grant funds at the transaction level. The TAGGS database is a central repository for grants awarded by the twelve HHS Ope Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Tracks HHS-obligated grant funds. Does not contain IIF information.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT Unified Financial Management System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT Unified Financial Management System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 3, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-01-01-01-0001-00-402-124
7 Privacy Act System of Records (SOR) Number:	09-90-0024
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	NIH CIOSP2 Contract No. 263-01-D-0052; PMT: HHS19
10 System Name:	Unified Financial Management System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Terry L. Hurst
12 Provide an overview of the system:	The Unified Financial Management System (UFMS) is a business management tool designated to provide timely and reliable information to improve financial, business and operational functions within HHS. UFMS is designated to satisfy 3 categories of financial management: Existing
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	The information will be shared between the Office of the Secretary (OS), Centers for Disease Control (CDC), Food and Drug Administration (FDA), National Institutes of Health (NIH), Administration on Aging (AoA), Administration for Children and Families (A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The system will collect transactional and accounting data to meet functional requirements for Core financial management functions: General Ledger, Budget Execution, Payment and Receipt Management, Cost Management, Commitments and Obligations, and Reporti
18 Describe the consent process:	The information will be keyed into the database. The information may come directly from the private individual source or from other offices within the UFMS boundaries. All notification for the use and protection of private information will be conveyed
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	The system will be secured by methods prescribed in the System Security Plan (SSP). The SSP calls for system life-cycle practices for Federal financial systems. The methods employed include risk assessments and implementation of management, operational,
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS ASRT Watchfire Web XM

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS ASRT Watchfire Web XM
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	Initial PIA Migration to ProSight
4 Date of this Submission:	Aug 31, 2005
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-00-02-00-01-0003-00-305-108
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Watchfire WebXM
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Alice M. Bettencourt
12 Provide an overview of the system:	Automates the analysis of online properties to identify issues that jeopardize HHS's identity and reputation, mitigates online risk by identifying and alerting executives about privacy and data security issues, and provides an inventory and technology map
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Analyzes HHS online information to improve information integrity, security, and inventory. Contains no IIF information.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS DAB Automated Case Tracking System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS DAB Automated Case Tracking System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 3, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-09-02-0005-00-404-141
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	PMT: OS20
10 System Name:	DAB ACTS
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Michelle Ruhren
12 Provide an overview of the system:	Tracks status of DAB cases via automation. Separate modules for each DAB division.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Information enables DAB staff to track status of their various cases. Does not contain IIF information.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS IOS Security Information Processing System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS IOS Security Information Processing System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 24, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-44-02-3334-00-403-134
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Security Information Processing System (SIPS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Doug Pruett
12 Provide an overview of the system:	Houses the Department-wide records for all employees and contractors who occupy National Security or Public Trust positions. Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Hiring supervisor
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Maintains information about background screenings on employees and contractors occupying National Security or Public Trust positions.
18 Describe the consent process:	Interviews, forms information suppliers will be told that the information is being collected in connection with a security background check. Individual being investigated will provide basic information and are aware of the background screening requirement
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Secured stand-alone application located in a double-secured location.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS IOS Strategic Work Information and Folder Transfer

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS IOS Strategic Work Information and Folder Transfer
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	Apr 25, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-44-02-7255-00-404-142
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	SWIFT
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Vanessa McClam
12 Provide an overview of the system:	SWIFT is the records and document management system for the Office of the Secretary, Executive Office. Swift provides scanning, classifying indexing storage, retrieval, workflow, dissemination, and tracking capabilities for all of the documents received Existing
13 Indicate if the system is new or an existing one being modified:	
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Documents received and/or generated by the executive office. No IIF information is collected or maintained.
18 Describe the consent process:	N/A
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS OCR Program Information Management System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2

Summary of PIA Required Questions

Question	Response
1 System:	OS OCR Program Information Management System
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-09-02-0001-00-404-142
7 Privacy Act System of Records (SOR) Number:	09-90-0052 Federal Register / Vol. 67, No. 173 / Friday, September 6, 2002
8 OMB Information Collection Approval Number:	0990-0269
9 Other Identifying Number(s):	N/A
10 System Name:	PIMS -- Program Information Management System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Norman Oslik
12 Provide an overview of the system:	Case tracking, document management and executive information. The Program Information Management System (PIMS) was developed to allow OCR to manage more effectively its program information needs and to integrate all of OCR's various business processes, i
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	DoJ, EEOC, Federal Mediation & Conciliation Service, other Federal agencies, Congressional offices (but only in response to forwarded constituent inquiries) -- as part of routine uses as specified in Syxstem of Records notice. permitting disclosure to a
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The mandatory fields for the new forms are: name, contact information, whether the complaint is being filed on behalf of someone else, the basis for the complaint (e.g., race/color/national origin, age, religion, gender (male/female), disability, violati
18 Describe the consent process:	For individual complaints, the initial information is collected from the complainant, or someone acting on their behalf. It is collected using one of OCR's two approved complaint forms for discrimination complaints and health information privacy complai
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Only authorized OCR users whose official duties require the use of such information have access to the information in the system. No users outside of OCR have access to PIMS. Specific access is structured around need and is determined by the person's ro
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS OGC Matter Tracking System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2 Summary of PIA Required Questions

Question	Response
1 System:	OS OGC Matter Tracking System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-90-01-44-02-1010-00-404-138
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Matter Tracking System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	John Shimabukuro
12 Provide an overview of the system:	A centralized system that enables a sophisticated analysis of not only current but also projected workloads across the enterprise. It provides a robust data capture, workflow, timekeeping, and reporting solution set that enables better strategic planning
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	OGC attorneys, paralegals and legal staff
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Every piece of information -- notes, case development information, legal research, correspondence, pleadings, evidence, court calendars, task lists, statutes of limitations and other critical deadlines, time and expense entries, budgets, and e-mails -- is
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS OPHS Annual Report on Possible Resource Misconduct System

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2Summary of PIA Required Questions

Question	Response
1 System:	OS OPHS Annual Report on Possible Resource Misconduct System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	Recently discovered system. Catching up with requirements.
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	0937-0198
9 Other Identifying Number(s):	N/A
10 System Name:	ARPRM -- Annual Report on Possible Research Misconduct System
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Office of Research Integrity Office of Public Health and Science Office of the Secretary U.S. Department of Health and Human Services
12 Provide an overview of the system:	This reporting system is essential for the over 1400 institutions that receive federal research funding from the US Department of Health and Human Services (HHS), and are mandated to complete this report annually between January and March.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Research integrity information is collected. No privacy or sensitive information is collected or maintained.
18 Describe the consent process:	N/A
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	Jun 28, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS OPHS Commissioned Officers Personnel and Payroll System

1	
The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.	
2	Summary of PIA Required Questions

Question	Response
1 System:	OS OPHS Commissioned Officers Personnel and Payroll System
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	Initial PIA Migration to ProSight
4 Date of this Submission:	Aug 18, 2004
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-02-01-1020-00-403-131
7 Privacy Act System of Records (SOR) Number:	09-90-0018
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Commissioned Officers Pay and Personnel System (COPPS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Captain Denise Canton
12 Provide an overview of the system:	Payroll and personnel actions for the Commissioned Corps COPPS provides pay and personnel services for public health commissioned officers from entry to exit as well as in retirement and for their dependents.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	The information is shared only as part of the payroll processing.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The information in the system is the range of personal information necessary for providing full pay and personnel services.
18 Describe the consent process:	Information is submitted by the individual as part of their in-processing. Updates to the information is supplied by the individuals as necessary.
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	The information in the system is protected by management, operational, and technical security controls commensurate with the level of sensitivity of the system. The system is certified and accredited.
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS OPHS Division of Commissioned Personnel Local Area Network

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2Summary of PIA Required Questions

Question	Response
1 System:	OS OPHS Division of Commissioned Personnel Local Area Network
2 Is this a new PIA?	Yes
3 If this is an existing PIA, please provide a reason for revision:	-
4 Date of this Submission:	Oct 4, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	009-91-01-08-01-1100-00-403-250
7 Privacy Act System of Records (SOR) Number:	No
8 OMB Information Collection Approval Number:	No
9 Other Identifying Number(s):	No
10 System Name:	DCP LAN
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Carol Arbogast
12 Provide an overview of the system:	The DCP LAN provides local connectivity for the DCP office.
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	No
18 Describe the consent process:	No
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	No
24 Sr Official of Privacy Signature:	Darlene Christian
25 Sr Official of Privacy Signoff Date:	Dec 1, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

OS: OS Security Program

1

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer “No” to that question.

2 Summary of PIA Required Questions

Question	Response
1 System:	OS Security Program
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 30, 2006
5 OPDIV Name:	OS
6 Unique Project Identifier (UPI) Number:	N/A
7 Privacy Act System of Records (SOR) Number:	N/A
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	OS Security Program
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Mike Stringer
12 Provide an overview of the system:	OS IT Security Program
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15 Is the system subject to the Privacy Act?	No
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	N/A
18 Describe the consent process:	N/A
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22 Are there technical controls present?	-
23 Describe the IIF security controls:	N/A
24 Sr Official of Privacy Signature:	C. Byrne Huntley
25 Sr Official of Privacy Signoff Date:	May 30, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.